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# Assessing the Capability Approach as an Evaluation Tool for Community Networks on Intimate Partner Violence in Seven Durban Townships in KwaZulu-Natal, South Africa

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**Abstract.** *This qualitative study adopts the Capability Approach (CA) as a theoretical framework to evaluate community networks established by the White Door Centers of Hope (WDC). WDC are safety sites, staffed by community members and located in seven townships (Wentworth, Merebank, Umlazi, Welbedacht, Bayview, Umbumbulu and Folweni) in KwaZulu-Natal, South Africa. The housemothers who staff the safety sites provide 24-hour support to survivors of Intimate Partner Violence (IPV). The South African Government and the KZN Network on Violence initiated this pilot project in 2014. This article provides a narrative of the opportunities and challenges experienced by the WDC and its community networks, when providing services, to create well-being and agency freedom for survivors of IPV.*

**Keywords :** capability approach, community networks, intimate partner violence, social interventions, White Door Center, housemothers

## Introduction

The number of women that die as a result of intimate partner violence in South Africa is reason for concern in marginalized communities. South Africa has an excessive encumbrance of Intimate Partner Violence (IPV) with a frequency of 31% (Gass et al., 2011). IPV can be defined as

behavior within an intimate relationship that causes physical, sexual and or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors (WHO, 2010).

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This is beyond the lasting physical, sexual and psychological consequences such as injuries, spontaneous abortion, post-traumatic stress disorder and depression that women experience (Outwater, Abrahams, Campbell, 2005 ; Pengpid, Peltzer, 2013). South Africa has an established generalized HIV epidemic with an estimated 17.3% prevalence in the general population and an estimated prevalence of 29.5% in the antenatal population (Department of Health in Pengpid, Peltzer, 2013). Causative conduits linking IPV to HIV comprise exposure to HIV via sexual violence and infidelity. IPV has become normative and, to a great extent, accepted rather than challenged (Mills et al., 2015 ; Outwater et al., 2005 ; Rasool, Hochfeld, 2005). The apartheid and post-apartheid era contributed to the normative acceptance of IPV. Apartheid emasculated men who found it essential to reaffirm their masculinity through IPV (Outwater et al., 2005). The apartheid and post-apartheid era continues to be characterized by deep-rooted socioeconomic divides ; which include poverty, high unemployment, and racial constructs. These were identified as contributory factors, which perpetuated IPV in familial homes in the historically marginalized communities (Stone, 2012). 1998 witnessed progressive legislation on domestic violence being brought to the fore, in spite of this, high incidents of IPV in the townships<sup>1</sup> persisted (Stone, 2012). Supplementary research needs to be undertaken in order to intervene and prevent IPV within South African townships. The Capability Approach (CA) provides a useful theoretical basis for advancing this study. Academics have failed to capitalize on the CA as an evaluative tool for community networks on violence against women in South African townships. The CA is a framework that analyses well-being in terms of a person's 'functionings' or achieved beings and doings and the 'capability' to realize these functionings (Sen, 1984). Capabilities are sets of abilities one has to have to lead the life one has reason to value. The CA emphasizes individual self-awareness and self-command that is needed to renew and reshape communities in postcolonial contexts (Graham, 2014 ; McLean, Walker, 2012). This study seeks to understand the prevailing community networks and the method in which they can diminish the occurrences of IPV amongst women in seven townships at nine safety sites<sup>2</sup> in Durban. In an attempt to achieve this, the CA has been selected to examine community networks around a pilot project entitled "The White Door Centers of Hope" (WDC). The emphasis of this study lies on the capabilities and freedoms of choice of victims of IPV in light of the services provided by the WDC. We argue that community networks among individuals, families, communities and society at large play an important role in assisting survivors of IPV to realize their valuable capabilities and to increase their freedoms of choice in the process. These role-players provide essential tools for prevention, support and recovery practices when dealing with survivors of IPV (Mills et al., 2015 ; Mitra, 2013). The proposition advanced is that community networks perform a significant function in the constructive alteration of gender models and can consequently alleviate the undesirable effect of the peripheral environment on people's agency freedom. We state that the CA can be used as an evaluative instrument for the efficiency of community networks on the creation of capabilities and freedoms of choice of survivors of IPV, which contributes to the implementation of the WDC. In order to achieve this the following key areas are addressed "(a) How do community networks benefit the capabilities of survivors of IPV ? (b) How do community networks benefit the agency freedom of survivors of IPV ? (c) What do the research findings reveal about the relationship between community networks and the implementation of the WDC ? (d) What are the challenges in working with community networks in order to improve the safety and well-being of survivors of IPV ?".

### ***Conceptualizing community networks, capabilities and freedoms of choice of survivors of IPV***

Communities are to some extent conceptualized by social interaction, common ties and a geographic criterion (Hillery, 1955). *Community networks* are complex linkages of people, institutions, shared interests, locality and a sense of psychological belonging. It originates from the observation that people in communities come together, physically, because they share common values and interests. It is the shared purpose which results in shared activities and social interactions that can be identified as community networks (Falkowski, 2009). We concentrate on the community networks around the WDC, which provide nine safety sites in seven townships in KwaZulu-Natal. Community members, called “housemothers”, run these nine safety sites. The focus lies on the network that the housemothers create between community members and service providers in order to establish the safety sites, which they run in their individual homes.

The *capabilities* are the candid abilities or freedoms that are fundamental to achieve valuable functionings, which are a person’s final state of well-being and can vary from elementary states such as being adequately nourished ; being in good health to more complex achievements such as being happy and having self-respect (Sen, 1992). To date, the CA has been embraced as a comprehensive normative framework for the evaluation of an individual’s well-being ; the development of a country ; and the evaluation of gender inequalities (Robeyns, 2005 ; Sen, 1992, 1995, 1998). Recently, there has been a mounting interest in the application or expansion of this approach in service organizations and community networks in developing countries (Ibrahim, 2006 ; Jayasundara, 2011 ; Den Braber, 2013 ; Van Dam, forthcoming). The growing interest is due to the holistic view of the CA, which identifies that an individual’s environment is of profound importance for their well-being. However some authors plea for an extension of the CA, where the focus is on community outcomes instead of individual well-being (Ibrahim, 2006 ; Van Dam, 2011). As we focus on the well-being of survivors of IPV in order to evaluate the community networks of the WDC, we hold on to the original framework of the CA. Considering the well-being of the survivors of IPV, we focus on two key concepts of the CA : capabilities and freedoms of choice. We consider capabilities as the options that the WDC create for the survivors of IPV to be in a safe environment and to end the violent relationships they are in. It is the opportunities that a survivor has to end the violence. Another key concept of the CA “the functionings” are not evaluated in detail during this study. Since the project is at an initial stage, it is hard to provide testimonies about the relationship between community networks and the functionings of the survivors of IPV. Capturing a person’s beings and doings takes time, which we did not have.

A *freedom of choice* is defined by Sen (1985) by the interdependency of two concepts ; “well-being freedom”, which refers to one’s capability sets and “agency freedom”. Well-being freedom concentrates on a person’s awareness of their various capabilities that can be turned into functionings. Agency freedom refers to ; what the person is free to do and achieve, in search of any kind of aims or values that one considers important (Sen, 1985, 1992). There are many different interpretations of agency freedom, which can be made on the agency objectives. We consider the counterfactual choice or “what we would choose” for the evaluation of agency freedom (Sen, 1992). This viewpoint has an impact on the controls that are exercised in line with what we value and want, the control is not considered “being directly operated by oneself”. Sen (1987) notes that our actual agency role is often overshadowed by social rules and by conventional perceptions of legitimacy. In the case of gender

divisions, these convictions often act as barriers to seeking a more equitable deal, and sometimes influence even against recognizing the spectacular lack of equity in the existing social arrangement. When women fully sacrifice their own well-being for the benefit of the household, we need to consider the inequality in her agency objective. The focus of the CA on human capabilities and freedoms of choice comprises the CA as a valuable framework in the topic of IPV because freedom is one of the most influential social ideas, and its relevance to the analysis of equality and justice is far-reaching and strong. When assessing inequalities across the world in being able to avoid violence or HIV; one is not only examining differences in well-being, but also in the basic freedoms that one values. Most problems on the realizations of essential functionings result in the absence of certain basic freedoms (Sen, 1992). Graham (2014), McLean and Walker (2012) argue that the CA could ensure an interesting view within a post-apartheid context. The pressing need for access to basic resources necessary to sustain human life comes to bear acutely within this context. The distribution of primary goods and services, innumerable factors affecting access to goods and services, and the impact these factors have upon the capabilities that individuals possess will be considered in light of the broader structural context that contributes to shaping these realities (McLean, Walker, 2012).

***Community networks, improving capabilities and freedoms of choice of survivors of IPV, which contribute to the implementation of community owned safety sites***

Current literature explores the relationship between community networks and the creation of awareness and social mobilization on IPV in communities. This is an important aspect for the creation of capabilities and freedoms of choice of survivors of IPV. Campbell and Cornish (2012) accentuated the ability of NGO community networks to facilitate communities by creating social consciousness in local areas and the stimulation of accessible meeting places for people in difficult situations. This contention is consistent with Chaskin (2011) who pointed out that comprehensive community initiatives (CCIs) have the potential to shape community capacity, to recognize priorities and opportunities and to promote and sustain affirmative community change. Existing networks help communities to understand who is involved, what the roles and positions of the community members in the network are and which new networks might be highly beneficial to develop in the interest of assisting survivors of IPV (Provan, Veazie, Teufel-Shone, Huddleston, 2004). Furthermore Mills et al.'s (2015) study entitled "Turning the tide: the role of collective action for addressing structural and gender-based violence in South-Africa", intends that community networks and collective action can engage agency freedom at numerous levels and across boundaries of social class, race and gender. With regard the implementation of community owned safety sites Marks and Bonnin (2010) state that community networks are of paramount importance for the implementation of safe communities in developing countries such as South Africa. Their findings indicate that community networks achieve essential safety problem-solving activities that mobilizes community members to intervene more actively and effectively in responding to local challenges (Marks, Bonnin, 2010).

***KZN Network on Violence Against Women and the White Door Centers for Hope***

The KZN Network on Violence Against Women (KZN Network) is a registered non-profit organization, founded in 1996. The network works jointly with a KZN provincial coalition of NGOs, local government departments, and key stakeholders to take action to counteract

Sexual and Gender Based Violence (SGBV) and HIV amid women in the province of KwaZulu-Natal. The KZN Network is mandated to implement nine White Door Centers (WDC), which are located in the areas of Wentworth, Merebank, Umlazi, Welbedacht, Bayview, Umbumbulu and Folweni. A WDC can be defined as a “localized survivor reception-assessment-referral (RAR) center” or a “safety site”. It is a short-term protected space located in and staffed by the community. It is a place where women and children who are survivors of violence can stay for maximum one night. If the person has a need to stay longer, the housemother has to call to the KZN Network director for permission to extend her stay (KZN Network, 2014a). The “housemothers” are usually unemployed women who provide a room in their homes for IPV survivors, they have to ensure 24/7 accessibility of the WDC and offer limited counselling services and basic care items. The main purpose is that the survivors are contained emotionally when professional services are closed and after counselling they will be referred out for professional services (e. g. local police stations and the Family Violence, Child Protection and Sexual Offenses Unit [FCS] structures) (KZN Network, 2014b). The KZN Network provides training and capacity building for the housemothers, promotes gender equal campaigns, advances lobbying, and advocacy in communities to shape a society where human rights are respected and upheld (KZN Network, 2014a).

## Methodology

### *Research typology and analytical framework*

The findings presented in this exploratory study adopted a qualitative approach. The main sources of data collecting were twelve face-to-face in-depth interviews that fall under the subtype “semi-structured” which means that there are wide topics for discussion where the respondent can respond on openly. Informed consents were provided and the interviews were recorded and transcribed. Additional observation material, such as notes during site visits and training session observations was used briefly for interpreting the qualitative data. Lastly, secondary data sources such as reports and job descriptions of the KZN Network and accredited journal articles were utilized to link the findings with existing literature and theoretical underpinnings. Grounded theory was a key analytical framework for the data collection and analyses. The grounded theory is a methodological approach whose purpose is the systematic development of theory (Glaser, Strauss, 1967). The global content of all research findings was analyzed through the use of NVivo, a qualitative data software.

### *Sampling*

The twelve semi-structured interviews include ten respondents: the director, four social workers or trainees of the KZN Network on Violence Against Women (KZN Network) and five housemothers of the White Door Centers of Hope (WDC). The respondents were mostly female. Only one respondent was a man. Their age variates between 28 and 60 years old. The interviews were conducted over a three month time period: August 2015 – October 2015. The interviews lasted anywhere from a half hour to one hour and a half. These interviews were assessed at a time and place that was accessible and convenient for the participants. The office of the KZN Network is located at the Durban City Centre and the WDC where the housemothers and key stakeholders remained were located in seven townships in KwaZulu-Natal. Due to the difficulty of obtaining a list of all house mothers and KZN employees, the sample criteria as well as the dearth of these workers, drew on snowball or

reputational sampling. This method identified the employees of the KZN Network, we were aware of, who then referred others (KZN Network trainees and housemothers) fitting the description of the sample, until the saturation point was achieved.

### ***Purpose and justification of current project methodology***

Since the sample of this study is small, representational generalizing is difficult. However the intention of the study is not to generalize but rather to understand a case study on the impact of community networks regarding the implementation of a community project and capabilities and freedoms of choice of survivors of IPV. Nonetheless regarding the qualitative method of enquiry, it was seen as the best way to gauge respondents' perceptions and receive direct information and data (Cresswell, 2009). Furthermore, the grounded theory is currently one of the most extensively adopted approaches for qualitative methodologies in the social sciences. Its particular relevance to social work has been acknowledged (Gilgun, 1994). By using the grounded theory we used both inductive and deductive thinking when collecting data as a way to engage in a systematic generation from theory. The hypothesis was formulated based upon conceptual ideas identified during the fieldwork observation stage, this is in direct contrast with other researchers who have a strong sense of what they want to unravel before they start. We argue that strong statements before the start of the study can bias the study. By using the grounded theory approach we have a stronger focus on the concerns that the participants in the study may have and how they might try to resolve them from their own perspective.

## **Results**

First we describe how the community networks of the WDC can benefit capabilities of survivors of IPV. We reveal how the same community networks can benefit the agency freedom of survivors of IPV. On the grounds of those findings we state how the community networks of the WDC can benefit the implementation of the WDC itself. We end the section with challenges in working with community networks in order to improve the safety and well-being of survivors of IPV. We use both interview citations and existing scholarship to support our outcomes. All interviews have been documented verbatim. No corrections have been made on the responses.

### ***How community networks benefit capabilities (or well-being freedom) of survivors of IPV***

We consider capabilities as the opportunities that the WDC develop for the survivors of IPV in order to lead a violent free life. The WDC program objectives include the following aspects that develop capabilities ; combatting patriarchal beliefs and practices, social mobilization, counselling and referring survivors of violence and implementing effective safety sites. The interviews revealed that community networks are important to create opportunities or capabilities for survivors of IPV. An important aspect of the realization of the program objectives are the training sessions on gender issues that the KZN Network provides in the communities around the WDC. The intention of the KZN Network is to put strengthen community mobilization. The people who attended those trainings mobilize others to take action against violence. In addition, the housemother in particular is mandated to empower survivors of IPV. The purpose is that step by step all community members are mobilized, which contributes to (a) combatting



patriarchal beliefs as they spread anti violent and empowering thoughts (b) counselling and referring survivors of violence and (c) implementing effective safety sites as community members and service providers are more aware about the WDC safety sites.

The narrative below displays one aspect about community mobilization. It shows how a housemother makes people aware about her safety site. Community networks play a major role in the implementation and awareness creation of the WDC existence.

How I make people aware about my service? I go to the tavern next to my place, there I talk to the people about the White Door, and I give them my phone number... I also went to the churches to talk about it... And yesterday I went to the clinic. Now I'm on pension but before that I was a nurse, so I know the people in the clinic. I've sent pictures to the group, see I have talked to all those people... (Housemother Umlazi)

During this interview the respondent grabs her phone and shows the pictures she has posted in the WhatsApp group, providing visual evidence to the researcher. She smiles while doing this displaying a sense of pride and happiness.

Besides the awareness creation about the options and service that the WDC offers, the KZN Network training sessions also concentrate on community action against violence. The purpose is that community members around the safety site support and refer to the site and in addition take action against violence when it appears in public. Women residents in these townships where the WDC are located are habitually and exceedingly dependent on their husbands for financial support. Explanations for this dependency can be attributed to the Lobola or dowry-system. Men pay a sum of wealth to the women's family, women frequently feel obliged to remain in a violent relationship based on the social constructs of the community and the overarching patriarchal culture. Commonly the family of the women forces the women to submit to the violence, and accept it as a way of life (Rasool, 2013). High levels of unemployment and low levels of education force women to remain subjugated, physically, emotionally and psychologically. Furthermore there is a silent culture on IPV in South Africa (Outwater et al., 2005). There is a misconception about IPV in South Africa, it is still seen as a private matter while the violence is often disclosed to the survivors neighbors, family and friends (Rasool, 2013 ; Rasool, Hochfeld, 2005). People in the survivor's direct environment are the first, who can influence the violent situation, but they do not, as they assume that IPV is a private matter. The KZN Network emphasizes during the workshops that violence is a community concern. All training sessions were highly focused on taking action against violence. They try to enable whole communities to stand up, speak out and break the silence on violence (observation). The interviews that were conducted with employees of the KZN Network, community members and housemothers revealed that community networks are essential to modify violent occurrences by influencing social and environmental aspects of abused women. This narrative below demonstrates how the KZN Network illustrates intervening strategies to reform violent situations by influencing the social and environmental aspects of IPV:

You must remember that before, people didn't speak about violence, because it was a norm. It was a norm for women to be submissive and they do not regard violence and abuse as a problem, they thought it was normal, "My husband can beat me because I'm the wife", "He paid me the Lobola, he paid for me", "Why must I complain about it, it's a norm". But the more and more, we are doing our capacity building activities, people realize that women and children are humans at the end of the day, they deserve to be treated with human right values. We show the community members to take action by intervening, even if it means that if you hear an incident of violence next door, and you go and knock and say

„you need to stop this it’s not right”. We explain how important it is just to intervene, to interrupt the situation. Because most of the time, 99% of the abusers know that it’s wrong, so as soon as you go and knock on the door “can I please have a cup of sugar ?”. So whatever a cup of sugar, a pinch of salt. Immediately you have interrupted that violence. And who knows, maybe he was just one second away from him killing her... You have interrupted that. Or blowing whistles now and then or banging on the door or banging on pots. We give them all those strategies. Or even if you are in your car, hoot, the other cars will hoot as well... Just to raise that awareness that something wrong is happening. Immediately that person will stop, because he knows that it’s wrong, but he only took advantage of it previously because people were quite about it (fieldworker KZN Network).

### ***How community networks benefit agency freedom of survivors of IPV***

Community networks are essential for improving the “agency freedom” of survivors of IPV. Housemothers are trained by the KZN Network to provide the survivor of IPV with information that can benefit the choices they can make. Therefore it is essential that housemothers are trained with referral skills. Referring can only succeed when there are good community networks in place. Housemothers are also trained to be aware of one persistent aspect that decreases the agency freedom of survivors of IPV: the cycle of violence. The cycle of violence depicts a pattern, which is often experienced in abusive relationships. There are three phases that repeat: these include tension building, explosion, and the honeymoon phase. The perpetrator builds the tension by minor incidents of physical and emotional abuse, this leads to an explosion, or the actual abuse. After this there is the honeymoon phase, when the husband asks for forgiveness and says that he was not himself at that moment, the women tolerates this and the cycle starts all over again (Edwards, 2014). Awareness about reasons why women remain in abusive relationship were; emotional factors (e.g. concern for the children, emotional investment, fear), social factors (pressure from family and friends), and structural factors (e.g. lack of resources, religious beliefs, lack of education) (Edwards, 2014). After the training, members had the skills to mobilize other community members and serve the women who arrive at the safety sites. They share knowledge of these issues and they are also trained to provide solutions to end the cycle of abuse. The KZN Network director and fieldworkers emphasize during the trainings that they can never be overbearing as a housemother. Housemothers highlight that they can only provide options to women who arrive at WDC, however they need to make decisions by themselves.

We show them the options, the available remedies that are out there, so they choose. You can’t just tell somebody “Go and get the protection order and leave him !”. Because sometimes she is not ready to leave him. She still loves him but she maybe just hates the abuse that’s happening. They have to decide on their own when they want to leave or stay or whatever that makes the better. It just comes back to the foundation of everything, which is “educate, educate, educate”. If you know your rights and you’ve become educated and empowered, you can make informed choices. And if she decides to leave him, we mostly refer her to the social worker. She’s running that extra mile longer, to arrange house contracts and jobs for the survivors, so they can build a new life for themselves (housemother Chatsworth).

### ***How community networks benefit the implementation of the WDC or community owned safety sites***

The findings demonstrate that the community networks of the WDC are essential for the implementation of their work. The benefits of the community networks such as “social mobilization” and “individual empowerment” contribute to the creation of capabilities and



freedoms of choice for survivors of IPV and contributes to the implementation of the safety sites itself as they improve referral services and awareness about the existence of the WDC. Community networks are essential for social services in a South African context. The WDC is funded by the Department of Social Development (DSD) of the South African Government as a compensation for the lack of shelters in high risk of IPV areas (KZN Network, 2014a). The implementation of the project has been outsourced by DSD to the NGO “KZN Network on Violence Against Women”, who is mandated to select, resource and appoint housemothers and community members on IPV, to conduct regular site visits and follow-ups. Government institutions in South Africa, such as the police, and social services have limited capacity and resources to provide safe, secure and healthy communities (Marks, Bonnin, 2010). Due to these limitations of their resources, training, mandate and skills base, the government needs to outsource important tasks, such as the creation of safety, to communities (Marks, Bonnin, 2010). By working together in a strong community network, people realize more with less.

Together we have a greater impact on the program to be implemented. To create those productive environments, those safety sites. So when you have community networks, you involve all the stakeholders there, your community members, your service providers, which is important to decrease violence in the communities. The people who are involved in those networks come with their own expertise. Police stations, caregivers they are all important, they come with their own resources, and agenda’s with best practices, so you cannot work in a community on your own as an organization. When you try to work on your own, you have a limited impact. Networks enlarge your impact as an organization. And it’s more than the impact; networks provide also a wider reach. All those people that get involved receive new skills and resources, and they are taking out their various fields... (Director KZN Network)

## Challenges

There are challenges in working with community networks in order to create capabilities and freedoms of choice for survivors of IPV.

The first challenge is that the community networks around the WDC do not sustain themselves, they are dependent on government support. When interviewing the KZN Network employees, they revealed some critical thoughts about the South African Government “DSD” and their funding policy for the project. Each safety site needs to reach targets: at least eight overnight stays each month or two each week. Those targets need to be proofed, the housemothers need to register all survivors that have an overnight stay at the WDC and they need to make a copy of their Identity Document, to make sure that the housemother is telling the truth. During the workshops the KZN Network stressed the importance of “marketing” the safety site, they push community members and the housemothers to talk about the existence of the safety sites in several parts of the township “Please help the housemothers to reach her targets, other whys they are going to close the White Door Centers down” (Director KZN Network). We observed the insecurity of the KZN Networks staff. They were at risk of losing the funding that they had received for the WDC project. DSD recently indicated via email “that they felt that the KZN Network was underperforming regarding the WDC project”. The government as a funder is considered to be increasingly more dictatorial than supportive. The bureaucratic processes that the KZN Network employees and housemothers have to deliver for DSD is time consuming and repetitive and not always systematically beneficial. For a project of this nature that is just starting this presented challenging inconveniences for the

service provider and the beneficiaries; “There needs to be a central focus on the essence of the project: helping survivors of IPV and not on the repetitive bureaucratic reporting process (Director KZN Network)”. This viewpoint is consistent with the study of Mueller-Hirth (2012) who argues that monitoring and evaluation requirements from South African NGOs are challenging. Mueller-Hirth (2012) indicates that time and resources spent on donor-led monitoring diverts from NGOs’ core activities. Mueller-Hirth (2012) further identifies that this takes them away from evaluating their work in self-determined and potentially more innovative ways, for the benefit of the recipients. In addition to the focus shift, which resulted in less efficient service provision, absurd situations are generated by the bureaucratic process of registration;

For the registration of the victims, DSD requires official Identification (ID). When survivors of IPV arrive at the WDC in the night, can you ask for a copy of their ID? Most of the time did not carry their ID with them, as they were fighting for their lives during the IPV (Housemothers).

Finally we argue that if the community networks around the WDC would sustain themselves by their own fund raising initiatives, challenges on monitoring and evaluation requirements would be tackled.

The second challenge concerns the sustainability of the WDC after the funding period of 2017. The purpose of the WDC are “community owned safety sites”, the KZN Network encourages community members to sustain the project, to ensure its prolonged existence after the implementation; by using self-created money generating activities. Further research about the truth of this plan needs to be undertaken, years after 2017.

The third challenge concerns the cycle of IPV, which is a trap for most women who face IPV. This makes it difficult for survivors to stand up against the violence that they are facing. The housemothers and KZN fieldworkers concur that in many cases that they deal with women who go back to their abusers, even after intervention. We argue that survivors of IPV biggest struggle is the one on agency freedom. The housemothers improve the agency objective of survivors of IPV in a sense that they stimulate the survivors’ own decision-making processes. However by doing this survivors of IPV often make decisions that do not contribute to their own well-being; such as “staying in a IPV relationship”. Then they are not able to realize the counterfactual choice or “what they would choose”, which is a violent free, safe and empowered life and which is furthermore the reason why they sought help initially. Notable is that they do not choose to be in a violent relationship, they value the relationship more than the violence for various complex reasons. Social mobilization strategies are essential methods to break the silence culture and benefit the agency of survivors of IPV to break the cycle of violence. We also encourage empowerment strategies such as education and awareness creation about the misconceptions of violence and possible interventions.

The final challenge that was revealed during this study on the implementation of community owned safety sites is “keeping the safety sites safe for the housemothers”. During the workshops and interviews with the housemothers we discovered that safety was a concern for the housemothers. Nevertheless the KZN Network revealed strategies to keep the safety sites and surroundings safe. These included

the distribution of pamphlets within “violence free zones” in the community, keeping the safety sites secret by never revealing the address of the housemother, providing only her phone number when she is doing was “marketing”, and so on” (Housemothers, Fieldworkers KZN Network).

## Conclusion and recommendations

We initiated the proposed research questions which were identified at the outset of this study ; (a) How do community networks benefit the capabilities of survivors of IPV ? (b) How do community networks benefit the agency freedom of survivors of IPV ? (c) What do the research findings reveal about the relationship between community networks and the implementation of the WDC ? (d) What are the challenges in working with community networks in order to improve the safety and well-being of survivors of IPV ? In this study, we have shown that (a) Community networks are important contributors to the creation of capabilities and or opportunities for survivors of violence, which they need, in order to lead a violent free life. The strength of community networks is that they mobilize both, the survivors of IPV, as well as the people around the survivor and the safety sites. Both groups were mobilized in order to take action against IPV and to refer survivors of violence to the WDC, where help and options to deal with a violent situation are provided. (b) Community networks are valuable for improving the “agency freedom” of survivors of IPV. In particular the training sessions on gender violence issues that the KZN Network provides within the communities around the WDC. The selection of empathetic housemothers with referral skills contribute to the agency that survivors of violence have in order to end a violent relationship. This makes people aware about the cycle of violence and diminishes cultural contextual patriarchal beliefs that prevent women from seeking help. (c) Community networks are essential for the implementation of community owned safety sites and for the objectives of the WDC. The overall aim seeks to combat IPV, alter gender bias patriarchal beliefs and practices, increase social mobilization, provide counselling and refer survivors of violence to effective safety sites. It is important to highlight that community networks can be identified as the missing link for the effective implementation of South Africa’s Domestic Violence Act 116 of 1998. (d) Challenges largely remain on the dependency and availability of funding during the implementation of the WDC project. The sustainability of the community owned safety sites after funding, the agency freedom of survivors of IPV, and the safety of the community members who staff the safety sites. Further research needs to be conducted on the relationship between external funding and the performance of NGOs in high and low funding periods. In addition more research is required on the sustainability of community projects and networks against violence, after an implementation period where the funding has dried out. Research on community networks should also be prioritized to ensure effective implementation of progressive legislation that currently exist in South Africa. This will allow social workers and service providers in the IPV filed to better execute their roles and serve the interest of survivors. This provides social workers with an environment conducive to large paradigm shifts, ultimately reducing IPV. The value of the CA as a evaluative framework of the community networks around the WDC is that the focus on “capabilities” and “freedoms of choice”, makes it easier to capture inequalities. This distinguishes the CA from other well-being approaches that focus exclusively on the subjective or final mental state of well-being.

## Notes

1. Townships are residential spaces allocated to Black South Africans during the apartheid era. These townships remain largely unchanged in terms of the demographics.
2. A safety site is a short-term protected space located in the homes of ordinary women in the communities. Women and children who are survivors of violence can stay there for maximum one night.

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